

City of San Antonio

BUILDING PERMIT APPLICATION

(Applicant to complete all numbered spaces – Please Print)

PLAN NUMBER:										
1	Project Name:									
	Site Address:					Building No.:		Suite No.:		
2	Legal Description		NCB:		Block:		Lot(s):			
3	Owner:				Phone:		Fax:			
	Address:				Email:					
	City:				State:		Zip Code:			
4	Contractor:				Phone:		Fax:			
	Address:				Email:					
	City:				State:		Zip Code:			
5	Architect/Designer:				Phone:		Fax:			
	Address:				Email:					
	City:				State:		Zip Code:			
6	Structural Engineer:				Phone:		Fax:			
	Address:				Email:					
	City:				State:		Zip Code:			
7	Contact Person:				Phone:		Fax:			
	Address:				Email:					
	City:				State:		Zip Code:			
8	Class of Work (circle as appropriate):									
	<div style="display: flex; justify-content: space-between;"> New Structure Addition Interior Finish-Out/Remodel </div>									
9	Flood Repairs Yes No				Other (Describe)					
	Occupancy Classification (per UBC):				Building Use:					
	Construction Type (per UBC):									
	Existing Square Footage:				New Square Footage:					
10	Stories:		Total Height (ft.):			Height to Highest Floor (ft.):				
	Change of Use		From:			To:				
11	Other Work to be Done (circle as appropriate):									
12	Water Available?		Yes		No		Sewer Available?		Yes No	
13	Existing Structures on Site? Yes No									
14	Have you had a Preliminary Plan Review? Yes No									
	If so, when?					Preliminary Plan Review #:				
15	Will alcoholic beverages be sold on premises? Yes No									
16	Valuation:									
17	Existing fire sprinkler system?		Yes		No		Proposed fire sprinkler system?		Yes No	
	Existing standpipe system?		Yes		No		Proposed standpipe system?		Yes No	
	Existing fire alarm system?		Yes		No		Proposed fire alarm system?		Yes No	
	Existing detection system?		Yes		No		Proposed detection system?		Yes No	
	Existing smoke control?		Yes		No		Proposed smoke control?		Yes No	
	Existing other?		Yes		No		Proposed other?		Yes No	
	List other:		List other:							

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18	<p><u>Warehousing/Storage, Manufacturing/Processes, or Hazardous Materials</u></p> <p>If applicable, complete and submit with this application an “Occupancy Classification Worksheet for Warehousing, Manufacturing, and Hazardous Materials”. Refer to the instruction sheet attached to this application for the content and format to be submitted. An example is provided at the end of the instructions for your use. This worksheet shall be submitted when there is any warehousing, storing, manufacturing, process,, or use of any hazardous materials and aerosols. The worksheet is divided into four division headings. Please use this format and follow the instructions carefully. This will aid the plans examiners in reviewing the plans. Worksheets that are incomplete, not utilizing the proper format, or that have erroneous information will delay the review process. Hazardous materials are identified in tables 3D and 3E in the 1997 Uniform Building Code. If this section is not applicable please write N/A or simply disregard.</p>	
19	<p><u>Expiration of Plan Review</u></p> <p>Applications for which no permit is issued within 180 days following the date of application shall expire by limitation, and plans and other data submitted for review may thereafter be returned to the applicant or destroyed by the building official. The building official may extend the time for action by the applicant for a period not to exceed an additional 180 days upon request of the applicant who must demonstrate that circumstances beyond their control have prevented action from being taken. No application shall be extended more than once. If an application expires, plans must be resubmitted at an additional plan review fee. – 1997 UBC Section 107.4</p>	
20	<p>NOTICE</p>	
21	<p>Separate permits are required for mechanical, electrical, plumbing, and sidewalks/approaches/curb cuts.</p> <p>This document is a governmental record. Individuals who knowingly make false entry in, or false alteration of, a governmental record are subject to criminal prosecution under Section 37.10 of the Penal Code, Vernon’s Texas Codes Annotated.</p> <p><i>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.</i></p> <p><i>I acknowledge that my project may be subject to the requirements of the Fair Housing Act (FHA), the Americans with Disabilities Act (ADA), the Texas Accessibility Standards (TAS), and section 504 of the Rehabilitation Act of 1973. It is my responsibility to ensure my project complies with those requirements. I affirm that for information I will contact: 1-800-949-4232 for ADA, 1-800-767-7468 for FHA, or 1-800-252-8026 for TAS.</i></p>	
22	<p>Applicant Signature:</p>	<p>Date:</p>
23	<p>Completeness Review by:</p>	<p>Date:</p>

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FOR OFFICE USE ONLY							
Map Check	Lot Size (LxW):	Fire Sprinkler System Required?	Specials Approvals	Req.	Not Req.		
A. Zoning			Tree Pres./Landscape				
B. Setbacks							
C. Easements							
D. ROW & Rivers	Additional Area (sq. ft.):	Allowable Area (sq. ft.):	Health				
E. Flood Plains			Historical Preservation				
F. Recharge Zones							
G. River Walk			Increase in Stories?	Height to Highest Floor (ft.):	ERZD		
H. Historical Districts	Drainage						
I. FAA							
Exits							
A. Width	Other Allowable Area Increase (sq. ft.):	Total Height (ft.):	Traffic/Sidewalk				
B. Number			Disability				
C. Locations							
D. Panic Hardware							
E. Exit Signs	# of Stories:	1-hour construction substitution?	Building				
Doors							
A. Width			Occupancy Load:	Increase in Allowable Area?	Fire		
B. Swing					Mechanical		
C. Egress							
Stairs	Total Area (sq. ft.):	Existing Area (sq. ft.):			Electrical		
A. Rise & Run			Plumbing				
B. Width							
C. Handrails							
D. Guardrails	Occupancy Group:	Fire Alarm System Required?	FAA				
Handicap Access							
Smoke Detectors							
Shafts			Construction Type:	# of Dwelling Units:	Other (specify)		
Insulation							
Standpipes							

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STAFF NOTES

Approved By:

Date:

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